



Health care providers may find the following format useful for making cancer reports to the [RTR System](#). (Print this form using your browser's print button.)

Cancer Report Form for Physicians

Name of person making report:

Telephone number:

Physician's name:

Patient's name:

Date of birth: (mm/dd/yyyy)

Sex: (circle one)

male female

Race: (circle one)

White Alaska Native Asian Black other/unknown

Is patient of Hispanic ethnicity? (circle one)

yes no unknown

Patient's community of residence:

Was the diagnosis laboratory confirmed? (circle one)

yes no unknown

Date of illness onset **or** diagnosis,
whichever is earlier: (mm/dd/yyyy)

Primary site:

Referral:

(specify if patient referred to another physician/facility)

Rapid Telephonic Reporting Sytem:

Anchorage Area - telephone 561-4234

Outside Anchorage 1-800-478-1700

FAX 1-907-561-4239

For some situations, an epidemiologist will contact the reporting health care provider to discuss the case and obtain additional information. If further assistance is required, please call the [Section of Epidemiology](#) at 1-907-269-8000.